

| POSITION                  | INITIALS | ID NO. | DATE     |
|---------------------------|----------|--------|----------|
| FEE DETERMINATION         | HC       |        | 1-744-02 |
| O.I.P.E. CLASSIFIER       |          | 101    | 1/30     |
| FORMALITY REVIEW          | TB       | 844    | 02/01/02 |
| RESPONSE FORMALITY REVIEW |          |        |          |

### INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral)... Canceled A ..... Appeal  
 + ..... Restricted O ..... Objected

| Claim | Final | Original | Date     |
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| 1     | /     | ✓        | 02/01/02 |
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| 14    | /     |          |          |
| 15    | ✓     |          |          |
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| Claim | Final | Original | Date |
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If more than 150 claims or 10 actions  
staple additional sheet here

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